

Combined Full Reports (PDFs/PFFs)

Reports in this file:

(in order as they appear in the document)



1. NYSID No.		2. OBTS No.		New York State ARREST REPORT				4. Ref No.		4b.																																																																														
5. FBI No.		6. Arrest No.		7. Agency S.P.D		8. Division/Precinct PATROL 03		4a.																																																																																
9. Name (Last, First, Middle) [REDACTED]				10. Alias / Nickname / Maiden Name (Last, First, Middle) A				11. Phone Number [REDACTED]																																																																																
				13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> Syracuse NY 13203				14. Residence Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Foreign Non-Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown		15. Place of Birth N.Y.																																																																														
DEFENDANT INFORMATION		17. Age 52		18. Sex M <input type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>		19. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown		20. Ethnic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown		21. Skin <input checked="" type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																																																														
		22. Height 6' 0" Feet Inches		23. Weight 230		24. Hair BRN		25. Eyes BRN		26. Glasses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																														
		27. Build <input checked="" type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large		28. Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		29. U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Citizen of U.S.																																																																																
		31. Social Security No. [REDACTED]		32. Education 10 yrs		33. Religion Bapt.		34. Occupation -		35. Employed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. Scars / Marks / Tattoos (Describe) -																																																																												
ARREST INFORMATION		37. Arresting Officer M. Shannon		38. ID No. 0385		39. Assisting Officer M. Dixon		40. ID No. 0539		41. Arrest Date 9/29/16 Mo Day Yr																																																																														
		42. Time 2:28		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> No. 1201N. Selma St City Syr State NY		44. Juvenile <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45. Condition of Defendant At Arrest <input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/III <input checked="" type="checkbox"/> App Normal		46. Weapon(s) at Arrest Knife																																																																														
		47. Co-defendant's Arrest No.		48. Miranda <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		49. Miranda by -		50. Miranda Date - Mo Day Yr		51. Miranda Time -																																																																														
		52. Statements <input type="checkbox"/> Written <input type="checkbox"/> None <input type="checkbox"/> Verbal		53. Status <input type="checkbox"/> Bail/ROR <input type="checkbox"/> Parole <input type="checkbox"/> Probation		54. Search Warrant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		55. ID Procedure <input type="checkbox"/> Line Up <input type="checkbox"/> Photo <input checked="" type="checkbox"/> None <input type="checkbox"/> Show Up		56. Arraignment Court City		57. Arraignment Judge Presiding																																																																												
CHARGE INFORMATION		58. Incident No. 16-47975		59. Arrestee Status <input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail Bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Ref to 3rd Party		60. Bail Amount		61. Bondsman		62. Photo No.																																																																														
		63. Arrest Type <input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		64. Warrant No. -		65. Arrest FOA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		66. Other Agency		67. F/P Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																														
		68. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> City Syr County OWD State NY		69. Offense Date 9/29/16 Mo Day Yr		70. No. Offenders 1		71. No. Victims 2		72. Return Court		73. Return Judge																																																																												
		74. Return Date Mo Day Yr		75. Return Time		76. Defendant/Case TOT Agency		77. Officer's Name		78. ID No.		79. Time Mo Day Yr																																																																												
ASSOCIATED PERSONS INFORMATION		80. Law Article & Section SUB CL CAT DEG ATT NAME OF OFFENSE CTS NCIC CODE VICTIM ASSOC. NO. TYPE																																																																																						
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PL</td> <td>12014</td> <td>1</td> <td>A</td> <td>M</td> <td>2</td> <td>N</td> <td>Menacing</td> <td>1</td> <td></td> <td></td> <td></td> <td>37 M N</td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td>PL</td> <td>26501</td> <td>2</td> <td>A</td> <td>M</td> <td>4</td> <td>N</td> <td>CPW</td> <td>1</td> <td></td> <td></td> <td></td> <td>37 M N</td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td>PL</td> <td>20530</td> <td>-</td> <td>A</td> <td>M</td> <td>-</td> <td>N</td> <td>Resisting Arrest</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ref #134</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>80978</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH</td> </tr> </table>												PL	12014	1	A	M	2	N	Menacing	1				37 M N		<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH	PL	26501	2	A	M	4	N	CPW	1				37 M N		<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH	PL	20530	-	A	M	-	N	Resisting Arrest	1						<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH								Ref #134							<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH								80978							<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH
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81. Person Type EM=Employer OT=Other CH=Child SP=Spouse CD=Co-Defendant SC=School PO=Parole Officer VI=Victim Re=Relative RP=Religious Person AS=Associate LA=Lawyer PR=Probation Officer WI=Witness CO=Complainant DR=Doctor																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Type</th> <th>Name (Last, First, Middle)</th> <th>Street Number and Name</th> <th>City, State, Zip</th> <th>Phone Number</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>												Type	Name (Last, First, Middle)	Street Number and Name	City, State, Zip	Phone Number																																																																								
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NARRATIVE		ON THE ABOVE DATE, TIME AND LOCATION, THE ABOVE DEFENDANT WAS ARRESTED FOR THE ABOVE LISTED CHARGE (S)																																																																																						
		DEFENDANT DID (NOT) POSSESS VALID NYS IDENTIFICATION AND WAS (NOT) RELEASED ON APPEARANCE TICKET (#)																																																																																						
		FILE 05 WARRANT CHECK <u>NEGATIVE</u> / POSITIVE																																																																																						
		TRANSPORTED TO BOOKING VIA UNIT 595 WITH (OUT) INCIDENT																																																																																						
UNIT		REAR SEAT CHECK <u>NEGATIVE</u> / POSITIVE																																																																																						
		UNIT 410 SGT. IZZU NOTIFIED																																																																																						
82. Arresting Officer's Signature [Signature]				83. ID No. 0385		84. Supervisor's Signature [Signature]				85. ID No. 040																																																																														
86. Arrest Made As A Result Of a SAFIS Latent Print Identification? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				87. Ref #134		88. 80978		89. 040		90. Page of 1 pages																																																																														

STATE OF NEW YORK
COUNTY OF ONONDAGA
CITY OF SYRACUSETIME STARTED 2136

DR # [REDACTED]

I, [REDACTED], being duly sworn, state I am 38 years of age [REDACTED] and my address is [REDACTED]. My occupation is Bar tender, my work address is [REDACTED] and I have completed 12 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

It is Thursday 29 September 2016 and I am giving this statement to Officer Walters of the Syracuse Police Department regarding an incident that just occurred. I am giving this statement truthfully and to the best of my knowledge.

At approximately 9:20pm tonight, a white male entered the bar I currently work at (Fantasy Nights) and began walking around the inside of the bar. I told this male, who Police later identified as [REDACTED] (DOB [REDACTED]) that he needs to buy a drink or he needs to leave. At this point I left from behind the bar and cut him off and stopped near him near the ATM. I told the male he needs to leave the business after telling him multiple times he needs to buy a drink or leave. The male then told me "I'll deck you," and started walking towards the front door. He then stopped out of the front door, but still refused to leave. I then saw the male pull a small folding pocket knife out of his pocket and hold it in his right hand. The male then said "I'll stab you nigger." At this point I was standing outside with this guy, and he walked back inside of the bar. I did not want to confront this guy anymore as he was carrying the knife, so I stayed outside as he went back in. I then called 911 and Police arrived shortly after. Police then escorted him outside and I did not see any of the interaction between them outside.

This statement is the truth and I desire prosecution.

TIME ENDED 2150

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

[REDACTED] 29 day of SEPT, 20 16

P.O.C. Walters #338
witness

STATEMENT

STATE OF NEW YORK
COUNTY OF ONONDAGA
CITY OF SYRACUSE

TIME STARTED

9:49 p.m.

DR #

I [REDACTED], being duly sworn, state I am 66 years of age [REDACTED] and my address is [REDACTED]. My occupation is Administrator, my work address is [REDACTED] and I have completed 19 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

I am giving this statement to officer Martins in the 1200 block of N. Salina St. regarding an incident I witnessed.

On today's date at around 9:20 p.m. the owner of a bar and a patron were outside and the patron was trying to come inside without buying a drink for a second time. The bar tender asked the male to leave but the male approached the owner with a small knife. The patron chased the bar tender in a threatening manner down the street with the knife out.

The bar tender did not hit the male but called police. The patron came back into the bar and sat down in the front row of the club.

Two policemen arrived and put his hands behind his back and walked him out. Once outside I think they were trying to find his knife and cuff him for everyone's safety. The suspect started resisting being handcuffed by refusing to put his hands behind his back so the police took him to the ground and he still resisted. The police struck him several times to try to get his hands behind his but he still refused. I came back into the bar and got the bar tender to possibly help the two officers but more policemen arrived. He was not going to put his hands behind his back.

I have given this statement on my own free will.

TIME ENDED 10:00 p.m.

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

At [REDACTED], this 29th day of Sept, 2016
[REDACTED] Junior Martins #309
[REDACTED] witness

CNYLEADS Report Cover Page

Agency Name

Syracuse Police Department

Incident Complaint Number

[REDACTED]

Related DR Number

-

Incident Type

MENA

Officer Name

Michael Shannon

Select Page(s) to
use & go to page

Select
Page(s)

☒ INCIDENT PAGE

☒ INVOLVED PERSONS 3-5

☒

☐ INVOLVED PERSONS 6-8

☐

☐ INVOLVED PERSONS 9-11

☐

☐ INVOLVED PERSONS 12-14

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☐ VEHICLE PAGE

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☒ PROPERTY PAGE 1

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☐ PROPERTY PAGE 2

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☐ MISSING PERSON PAGE

☐

☒ OFFENSE PAGE

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☒ NARRATIVE PAGE 1

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CNYLEADS Incident Report Form 3.6 (Rev. 2/07)

Agency Name Syracuse Police Department										Location Code 3401		Beat 451																			
2. Incd. Address Num 1201		Prefix N		Street Name Salina		Street Type ST		Suffix		Bldg.		3. City Syracuse		4. State NY		5. Zip 13208															
6. Incident Type MENA				7. Premise Name Fantasy Nights				8. Alarm #		9. Occurred Date/ Time 09/29/2016 21:20				10. To Date/ Time / / :																	
11. Disp. Address Num 1201		Prefix N		Street Name Salina		Street Type ST		Suffix		Bldg.		12. City Syracuse		13. Dispatched Date / Time 09/29/2016 21:24																	
INCIDENT		Weapon 1 A 11		Weapon 2 B 77		Weapon 3 C 77		Incident Location Type D 26		Larceny Type E 77		Bias Crime F 77		Burglary Force G 77		Burglary Entry H 77		Significant Event (Clery only) I													
1. Person Type VI		2. Victim Type Individual		3. Last [REDACTED]		First [REDACTED]		Middle		4. Suffix		5. Business Name																			
6. Alias/Nickname/Maiden Name				7. Race B		8. Ethnicity N		9. Sex M		10. DOB [REDACTED]		11. Age 37		12. Hgt 6' 00"		13. Wgt 250		14. Hair BLK		15. Eye BRO											
16. Address: Num [REDACTED]		Prefix		Street Name [REDACTED]		Street Type [REDACTED]		Suffix		Bldg.		APT#		17. City Syracuse				18. State NY													
19. Zip		20. Resident Status (Clery only)				21. Home Phone () -		22. Cell Phone [REDACTED]		23. Soc. Sec. # - -		23A. Student ID # (Clery only)				24. Scars / Marks / Tattoos															
25. Describe:										26. Skin D		27. Eyewear		28. Employer Fantasy Nights																	
29. Work Phone () -		30. Occupation Bartender				31. Address Num 1201		Prefix N		Street Name Salina				Street Type ST		Suffix															
Bldg.		Suite#		32. City Syracuse		33. State NY		34. Zip 13208		35. Apparent Condition Not Injured				36. Handicapped N		37. Nature of Ill / Inj 77		38. Med. Treatment 77													
39. Subject description, actions, etc VI of menacing																															
1. Person Type VI		2. Victim Type Society		3. Last		First		Middle		4. Suffix		5. Business Name New York State																			
6. Alias/Nickname/Maiden Name				7. Race		8. Ethnicity		9. Sex		10. DOB / /		11. Age		12. Height ' "		13. Weight		14. Hair		15. Eye											
16. Address: Num 511		Prefix S		Street Name State		Street Type ST		Suffix		Bldg.		APT#		17. City Syracuse				18. State NY													
19. Zip 13202		20. Resident Status (Clery only)				21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)				24. Scars / Marks / Tattoos															
25. Describe:										26. Skin		27. Eyewear		28. Employer																	
29. Work Phone () -		30. Occupation				31. Address Num		Prefix		Street Name				Street Type		Suffix															
Bldg.		Suite#		32. City Syracuse		33. State		34. Zip		35. Apparent Condition Not Applicable				36. Handicapped N		37. Nature of Ill / Inj 77		38. Med Treatment 77													
39. Subject description, actions, etc VI of resisting arrest																															
1. Owner Person 3		2. Status 06		3. Desc. Code 40		4. Quantity 01		5. Measure		6. Item Folding Knife																					
7. Make Unknown		8. Drug Type		9. Model		10. Serial Number				11. Gun Type		12. Gun Caliber		13. Value \$ 1.00																	
1. Code		2. Plate #		3. State		4. Expiration / /		5. Reg. Type		6. Imp. Plate		7. VIN/HULL #						8. # Occ.													
9. Year		10. Make				11. Model		12. Style		13. Color		14. Vehicle Value		15. Damage Est.		16. Weapon in Veh		17. NCIC Ck													
18. Vehicle Description / Damage																															
19. Towed		20. Owner Notif		21. Hold		22. Reason				23. To/By Tow Company				24. Truck #/ Tow Operator																	
1. CASE STATUS: Closed		2. CLOSED BY: Arrest				DISPOSITION: (SU only)				3. NYS PIN MSG:		4. DATE / /		5. TIME :		Records Use Only 743															
6. NOTIFIED UNIT:				7. PERSON NOTIFIED:				8. NOTIFIED DATE TIME: / / :				9. CASE RESPONSIBILITY/TOT:				Lab Submission Request N															
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYS PL AFFIRMED UNDER PENALTY OF PERJURY										Administrative Use Only																					
10. PRINT NAME Michael Shannon										11. ID# 0385				12. SIGNATURE Electronically Signed				13. SUPERVISOR NAME (PRINT) Sgt Susan Izzo				14. ID# 0040				15. APPROVED DATE 09/30/2016		16. APPROVED BY SIGNATURE Approved Electronically		Page 2	
																		of 7													

CNYLEADS Involved Persons 3-5 Supplement

DR #

1. Person Type AR	2. Victim Type	3. Last			4. Suffix	5. Business Name							
6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex M	10. DOB	11. Age 52	12. Hgt 6' 00"	13. Wgt 230	14. Hair BRO	15. Eye BRO		
16. Address: Num			Prefix	Street Name		Street Type ST	Suffix	Bldg.	APT# 504	17. City Syracuse	18. State NY		
19. Zip			20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. #		23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos	
25. Describe:						26. Skin L	27. Eyewear		28. Employer Unemployed				
29. Work Phone () -			30. Occupation None		31. Address Num		Prefix	Street Name				Street Type	Suffix
Bldg.		Suite#	32. City		33. State	34. Zip		35. Apparent Condition Injured/ill		36. Handicapped N	37. Nature of Ill/Inj 07	38. Med Treatment 01	
39. Subject description, actions, etc AR for menacing and resisting arrest													

1. Person Type WI	2. Victim Type	3. Last			4. Suffix	5. Business Name							
6. Alias/Nickname/Maiden Name			7. Race W	8. Ethnicity N	9. Sex M	10. DOB	11. Age 66	12. Hgt ' "	13. Wgt	14. Hair	15. Eye		
16. Address: Num			Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City Syracuse	18. State NY		
19. Zip			20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos	
25. Describe:						26. Skin	27. Eyewear		28. Employer				
29. Work Phone () -			30. Occupation		31. Address Num		Prefix	Street Name				Street Type	Suffix
Bldg.		Suite#	32. City		33. State	34. Zip		35. Apparent Condition Normal		36. Handicapped N	37. Nature of Ill/Inj 77	38. Med Treatment 77	
39. Subject description, actions, etc Witnessed below described incident													

1. Person Type	2. Victim Type	3. Last			4. Suffix	5. Business Name							
6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB / /	11. Age	12. Hgt ' "	13. Wgt	14. Hair	15. Eye		
16. Address: Num			Prefix	Street Name		Street Type	Suffix	Bldg.	APT#	17. City	18. State		
19. Zip			20. Resident Status (Clery only)		21. Home Phone () -		22. Cell Phone () -		23. Soc. Sec. # - -		23A. Student ID # (Clery only)	24. Scars/Marks/Tattoos	
25. Describe:						26. Skin	27. Eyewear		28. Employer				
29. Work Phone () -			30. Occupation		31. Address Num		Prefix	Street Name				Street Type	Suffix
Bldg.		Suite#	32. City		33. State	34. Zip		35. Apparent Condition		36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
39. Subject description, actions, etc													

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only						Page 3
PRINT NAME Michael Shannon		ID# 0385	SIGNATURE Electronically Signed			SUPERVISOR NAME (PRINT) Sgt Susan Izzo		ID# 0040	APPROVED DATE 09/30/2016	APPROVED BY SIGNATURE Approved Electronically		of 7

CNYLEADS Property Supplement 2-14						DR # 	Total \$ 2.00
P r o p 2	1. OWNER Person 3	2. STATUS 08	3. DESC. CODE 05	4. QUANTITY 01	5. MEASURE	6. ITEM Misc. Personal Property	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 3	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 4	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 5	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 6	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 7	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 8	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 9	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 10	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 11	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 12	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 13	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
P r o p 14	1. OWNER	2. STATUS	3. DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM	
	7. MAKE	8. DRUG TYPE	9. MODEL		10. SERIAL NUMBER	11. GUN TYPE	12. GUN CALIBER
<i>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLA FIRMED UNDER PENALTY OF PERJURY</i> PRINT NAME ID# SIGNATURE					Administrative Use Only SUPERVISOR NAME (PRINT) ID# APPROVED DATE APPROVED BY SIGNATURE		
Michael Shannon 0385 Electronically Signed					Sgt Susan Izzo 0040 09/30/2016 Approved Electronically		

CNYLEADS

Offense Page

DR #

	1. Law Type	2. Section	3. Sub	4. Class	5. Cat	6. Degree	7. Attempt	8. Offense Name	9. Count
1	PL	12014	01	A	M	2	N	Menacing	01
2	PL	26501	02	A	M	4	N	CPW	01
3	PL	20530		A	M		N	Resisting Arrest	01
4									
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OFFENSES

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY				Administrative Use Only				Page 5
PRINT NAME	ID#	SIGNATURE	SUPERVISOR NAME (PRINT)	ID#	APPROVED DATE	APPROVED BY SIGNATURE	of	
Michael Shannon	0385	Electronically Signed	Sgt Susan Izzo	0040	09/30/2016	Approved Electronically	7	

CNYLEADS Narrative Supplement 1

AGENCY Syracuse Police Department		DR # [REDACTED]			
Person Type VI	Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	Business Name

On Thursday, 29Sep16, at 2124hrs, while assigned to Unit 432C along with Ofc. Dixon, we responded to 1201 N. Salina Street at Fantasy Nights in regards to a menacing investigation.

Upon arrival, I spoke with the caller, [REDACTED], who stated the following. At approximately 2120hrs, a white male, who was later identified as [REDACTED] entered the Fantasy Nights. [REDACTED] who is the bartender at the same location, stopped [REDACTED] at the door and advised him of the one(1) drink minimum purchase that is required to gain entry. [REDACTED] refused to purchase the drink and was asked to leave multiple times. [REDACTED] refused to exit and instead continued into the bar where he was stopped by [REDACTED] [REDACTED] asked him several more times to exit the property and [REDACTED] responded "I'll deck you." [REDACTED] then moved towards the door and stepped out under the front overhang of the premise where he stopped and decided once again not to leave. When [REDACTED] told [REDACTED] yet another time to exit the property, [REDACTED] pulled out a small black handled folding knife and pointed the open blade towards [REDACTED] in a threatening manner. [REDACTED] then stated "I'll stab you nigger." [REDACTED] then left the property and went up the block to call 911 while [REDACTED] re-entered the business. [REDACTED] advised that he did want [REDACTED] removed from the property and arrested for threatening him with the above described weapon.

[REDACTED] stated that [REDACTED] was still inside the establishment and was believed to be in possession of the above described knife, which [REDACTED] saw [REDACTED] place back into his pocket. I then entered the business along with Ofc. Dixon and [REDACTED] pointed [REDACTED] out to us. We approached [REDACTED] at the table he was sitting at and asked him to walk outside with us to discuss the above incident. He refused to stand up and remained seated, ignoring our presence. Myself and Ofc. Dixon then each grabbed onto an arm [REDACTED] and escorted him through the bar and out to the front. Being concerned that [REDACTED] was still in possession of a knife, I maintained control of his left arm while Ofc. Dixon maintained control of his right arm. While walking him through the bar, I heard Ofc. Dixon issue multiple commands for [REDACTED] to keep his right hand away from his pockets. Once we got outside, I advised [REDACTED] to place his hands behind his back and advised that he would be detained while we continue our investigation. As I issued this command, I heard Ofc. Dixon again order [REDACTED] to stop moving his right hand towards his pocket. I ordered [REDACTED] for the second time to place his hands behind his back at which time he tensed his left arm up and pulled the arm up over my head and backwards, breaking my grasp on him. [REDACTED] then struggled away from Ofc. Dixon and attempted to turn his body towards me however was forced to the ground by Ofc. Dixon. Once on the ground I knelt down on the left side of [REDACTED] and regained my grasp on his left arm. From this position I shouted several commands to place his arms behind his back. [REDACTED] tensed up his left arm and pulled it in towards his body and then underneath his chest while he lay stomach down on the sidewalk. From this position [REDACTED] struggled to break my grasp by jerking his arm back and forth forcefully underneath his body. When I was unable to force the arm free, I struck [REDACTED] on the left side of the face with a closed left fist. Several more verbal commands were issued to stop resisting arrest and to place his hands behind his back. When [REDACTED] refused to pull his left arm out from underneath him, I struck him multiple times in the left side of the face with a closed right fist. Following the strikes I issued further commands to stop resisting arrest. [REDACTED] still refused to release his arm to me at which time I struck him in the left side of the body twice with a closed right fist. I then heard [REDACTED] yell "I'm done, I give up" and he removed his left arm out from underneath his body. From this position I was able to force his left arm behind his back where he was handcuffed without further incident.

[REDACTED] sustained minor injuries including a laceration behind the left ear. AMR responded on scene to treat said injuries and released [REDACTED] without medical transport.

[REDACTED] advised that he did desire prosecution against [REDACTED] and provided a written statement detailing the above events.

[REDACTED], a witness to the above events, also provided a written statement detailing the incident.

McCarthy was subsequently charged with Menacing 2nd, CPW 4th, and Resisting Arrest and was transported

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLA AFFIRMED UNDER PENALTY OF PERJURY			Administrative Use Only			Page 6
PRINT NAME Michael Shannon	ID# 0385	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt Susan Izzo	ID# 0040	APPROVED DATE 09/30/2016	APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Narrative Supplement 2

AGENCY Syracuse Police Department				DR # [REDACTED]	
Person Type VI	Last Name [REDACTED]	First [REDACTED]	Middle	Suffix	Business Name

booking in the rear of Unit 595C.
[REDACTED] as refused at intake by the Justice Center medical staff and was transported to Upstate Hospital by AMR for further treatment.
I sustained no injuries as a result of the above incident.
Unit 535C E.T. Hahn responded on scene.
Unit 410C Sgt. Izzo notified of incident and responded on scene.
For further information see supplemental reports under the above listed DR#.
Case closed by arrest.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFFIRMED UNDER PENALTY OF PERJURY			Administrative Use Only			Page 7
PRINT NAME Michael Shannon	ID# 0385	SIGNATURE Electronically Signed	SUPERVISOR NAME (PRINT) Sgt Susan Izzo	ID# 0040	APPROVED DATE 09/30/2016	APPROVED BY SIGNATURE Approved Electronically

CNYLEADS Supplemental Report Cover Page

Agency Name

Syracuse Police Department

ORI [REDACTED]		Location Code 3401		Incident Complaint Number [REDACTED]	
Incident Type MENA	Occurred Date/ Time 09/29/2016 21:20		Follow-up / Supplemental Date / Time 09/29/2016 23:30		
Incident Address: Number 1201	Prefix N	Street Name Salina		Street Type ST	Suffix [REDACTED]
Related DR Number -					

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Select Page(s)

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☐ **NARRATIVE PAGE 2**

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☐ **NARRATIVE PAGE 3**

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☐ **NARRATIVE PAGE 4**

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☐ **NARRATIVE PAGE 5**

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☐ **NARRATIVE PAGE 6**

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☒ **INVOLVED PERSONS 1-3**

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☐ **INVOLVED PERSONS 4-6**

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☐ **INVOLVED PERSONS 7-9**

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☐ **INVOLVED PERSONS 10-12**

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☐ **INVOLVED PERSONS 13-15**

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☐ **INVOLVED PERSONS 16-18**

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☐ **VEHICLE PAGE**

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☐ **PROPERTY PAGE 1**

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☐ **PROPERTY PAGE 2**

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☒ **OFFENSE PAGE**

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1. CASE STATUS: Closed	2. CLOSED BY: Arrest	DISPOSITION: (Clery only)	3. NYSPIN MSG:	4. DATE //	5. TIME :	Records Use Only 743
6. NOTIFIED UNIT:		7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: //	9. CASE RESPONSIBILITY/TOT:		Lab Submission Request N
<small>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</small> 10. PRINT NAME Michael Dixon			Administrative Use Only 11. ID# 12. SIGNATURE 0539 Electronically Signed			13. SUPERVISOR NAME (PRINT) Sgt Susan Izzo
			14. ID# APPROVED DATE 0040 09/30/2016		15. APPROVED BY SIGNATURE Approved Electronically	

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